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Received & Inspected

JAN 31 2013

FCC Mail Room

January 30, 2013

Matthew A. Slaven
(612) 977-8245
mslaven@briggs.com

VIA FEDERAL EXPRESS

Marlene H. Dortch
Secretary
Federal Communications Commission
Office of the Secretary
9300 Hampton Drive
Capitol Heights, MD 20743

**Re: In the Matter of Lifeline and Link Up Reform and Modernization
WC Docket 11-42**

Dear Ms. Dortch:

Please find enclosed for filing in the above docket pursuant to 47 C.F.R. § 54.416(b) the Annual Lifeline Eligible Telecommunications Carrier Certification Form (FCC Form 555) for the study areas below:


State	SAC	Designated Entity
AL	259029	Cellco Partnership
AR	409003	Cellco Partnership
FL	219903	Alltel Communications, LLC
GA	229004	Alltel Communications, LLC
IA	359010	Midwest Wireless Iowa, LLC
IA	359070	RSA 7 Limited Partnership
IA	359071	Iowa 8 - Monona Limited Partnership
KS	419905	Alltel Communications, LLC
LA	279009	Alltel Communications, LLC
MI	319010/319019	Alltel Communications, LLC
MN	369001	WWC Holding Co., Inc.
MN	369002	Midwest Wireless Communications, LLC
MN	369004	RCC Minnesota, Inc.
MS	289010	Alltel Communications, LLC
MS	289002	Rural Cellular Corporation
NC	239003	Cellco Partnership
ND	389005	Bismarck MSA Limited Partnership
ND	389006	North Central RSA 2 of North Dakota Limited Partnership
ND	389007	Northwest Dakota Cellular of North Dakota Limited Partnership
ND	389008	North Dakota RSA No. 3 Limited Partnership

Marlene H. Dortch
January 30, 2013
Page 2

ND	389009	Badlands Cellular of North Dakota Limited Partnership
ND	389010	North Dakota 5 - Kidder Limited Partnership
NE	379013	Alltel Communications of Nebraska, Inc.
SD	399018	WWC License LLC
SD	399003	RCC Minnesota, Inc.
TX	449003	WWC Texas RSA Limited Partnership
TX	449034	Alltel Communications, LLC
VA	199014	Celco Partnership
WI	339017/339023	Alltel Communications, LLC
WI	339016	Wisconsin RSA #3 Limited Partnership
WI	339006	Midwest Wireless Wisconsin, LLC
WV	209008	Alltel Communications, LLC

If you have any questions, please contact me.

Sincerely,



Matthew A. Slaven

MAS/pk
Enclosures

JAN 31 2013

Form 555
November 2012

FCC Mail Room

Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)Alabama

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*259029

Study Area Code(s) (SAC)

Cellco Partnership

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,
attach additional sheets if necessary)

See Attached

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial WJ

259029*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Form 555
November 2012

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial MS

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
757	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
783	560	223	3	226	78

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial ____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study
areas within the state. Attach additional sheets if necessary).

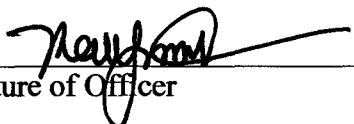
Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed
above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N
below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,



Signature of Officer

Exec Dir-Operations

Title of Officer

Bob Priebe

Person Completing this Certification Form

Mark R. Smith

Printed Name of Officer

1/28/13

Date

501-905-6629

Contact Phone Number

[illegible][illegible][illegible]

Affiliated Wireless ETCs

[illegible]

Form 555
November 2012

Affiliated Wireline ETCs

SAC	Name
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

JAN 31 2013

FCC Mail Room

Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Arkansas

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

409003

Study Area Code(s) (SAC)

Cellco Partnership

ETC Name(s)

Cellco Partnership

Holding Company Name(s)


Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,
attach additional sheets if necessary)

See Attached

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial 

409003

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Form 555
November 2012

Section 2: All ETCs (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial MY

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
4	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
5	4	1	0	1	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial ____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study
areas within the state. Attach additional sheets if necessary).

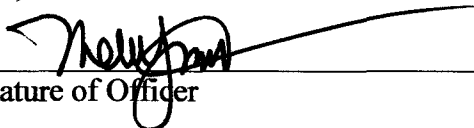
Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed
above. Initial MS

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N
below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,


Signature of Officer

Exec Dir-Operations
Title of Officer

Bob Priebe
Person Completing this Certification Form

Mark R. Smith
Printed Name of Officer

1/28/13
Date

501-905-6629
Contact Phone Number

ETC Identification

[illegible]

Holding Company Name(s)

[illegible]**DBA, Marketing or Other Branding Name(s)**[illegible]

Form 555
November 2012

Affiliated Wireline ETCs

SAC	Name
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Received & Inspected

Approved by OMB
3060-0819 FCC

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Form 555
November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

Florida

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

219903

Study Area Code(s) (SAC)

Alltel Communications, LLC

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,
attach additional sheets if necessary)

See Attached

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial W

219903

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Form 555
November 2012

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial WJ

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
29	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
30	24	6	0	6	4

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study
areas within the state. Attach additional sheets if necessary).

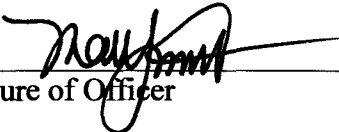
Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed
above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N
below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,


Signature of Officer

Exec Dir-Operations
Title of Officer

Bob Priebe
Person Completing this Certification Form

Mark R. Smith
Printed Name of Officer

1/29/13
Date

501-905-6629
Contact Phone Number

[illegible][illegible][illegible]

Form 555
November 2012

Affiliated Wireline ETCs

SAC	Name
115112	Verizon New England Inc.
585114	Verizon New England Inc.
155130	Verizon New York Inc.
165120	Verizon New Jersey Inc.
175000	Verizon Pennsylvania LLC
170169	Verizon North LLC
170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

JAN 31 2013

Form 555
November 2012

FCC Mail Room

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.**Deadline: January 31st (Annually)**Georgia

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*229004

Study Area Code(s) (SAC)

Alltel Communications, LLC

ETC Name(s)

Cellco Partnership

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,
attach additional sheets if necessary)

See Attached

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial MY

229004*(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).*

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Form 555
November 2012

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial WJ

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
1	0

C	D	E =C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
2	2	0	0	0	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study
areas within the state. Attach additional sheets if necessary).


Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed
above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N
below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,


Signature of Officer

Mark R. Smith
Printed Name of Officer

Exec Dir-Operations
Title of Officer

1/28/13
Date

Bob Priebe
Person Completing this Certification Form

501-905-6629
Contact Phone Number

[illegible][illegible][illegible]

[illegible]

Form 555
November 2012

Affiliated Wireline ETCs

SAC	Name
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585114	Verizon New England Inc.
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170170	Verizon North LLC
170201	Verizon North LLC
185030	Verizon Maryland Inc.
195040	Verizon Virginia LLC
210328	Verizon Florida LLC
565010	Verizon Delaware LLC
575020	Verizon Washington D.C. Inc.
542319	Verizon California Inc.
542302	Verizon California Inc.
442080	GTE Southwest d/b/a Verizon Southwest
442154	GTE Southwest d/b/a Verizon Southwest
230864	Verizon South Inc.
190233	Verizon South Inc.
190479	Verizon South Inc.
449007	MCI Communications Services Inc.

Received & Inspected

Approved by OMB
3060-0819 FCC

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November 2012

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Annual Lifeline Eligible Telecommunications Carrier Certification Form
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Deadline: January 31st (Annually)

Iowa

State

(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).

See Attached

Study Area Code(s) (SAC)

See Attached

ETC Name(s)

See Attached

Holding Company Name(s)

Verizon Wireless

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,
attach additional sheets if necessary)

See Attached

Section 1: All ETCs (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial *W*

See Attached

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on _____ prior to enrolling a customer in the Lifeline program. *(Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility).* I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Form 555
November 2012

Section 2: All ETCs(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial NY

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers
8	0

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt
8	7	1	0	1	0

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

Form 555
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June ____
(insert current year). I am an officer of the company named above. I am authorized to make this certification for
the Study Area(s) listed above. Initial _____

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study
areas within the state. Attach additional sheets if necessary).


Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an
officer of the company named above. I am authorized to make this certification for the Study Area(s) listed
above. Initial MS

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee
from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N
below).**

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Signed,


Signature of Officer

Mark R. Smith
Printed Name of Officer

Exec Dir-Operations
Title of Officer

1/28/13
Date

Bob Priebe
Person Completing this Certification Form

501-905-6629
Contact Phone Number

Form 555
November 2012

ETC Identification

SAC	ETC Name
359010	Midwest Wireless Iowa, LLC
359070	RSA 7 Limited Partnership
359071	Iowa 8 - Monona Limited Partnership

Holding Company Name(s)

SAC	Holding Company Name
359010	Cellco Partnership
359070	N/A
359071	N/A

DBA, Marketing or Other Branding Name(s)

SAC	Name
359010	Verizon Wireless
359070	Verizon Wireless
359071	Verizon Wireless